

**HOME AND COMMUNITY BASED CARE WAIVERS:
MENTAL RETARDATION (MR) WAIVER**

DESCRIPTION

The Mental Retardation Waiver serves individuals who, without Mental Retardation Waiver Services, would otherwise require placement in an ICF/MR Facility. DMAS staff conduct utilization reviews of Mental Retardation Waiver Services. All preauthorization and reevaluation of recipients is performed by DMHMRSAS staff. Pre-admission assessments are completed by the Community Services Boards and authorization is given by DMHMRSAS. DMAS staff conducts utilization reviews of MR Waiver Services. The waiver year runs from July 1st through June 30th. The waiver became effective January 1991.

Providers are individuals, agencies or organizations that meet provider qualification requirements and obtain a provider agreement with DMAS to provide services. Providers bill DMAS using procedure codes to indicate the services rendered. Providers may be Community Service Boards (CSB) or private providers not affiliated with Community Service Boards. DMAS contracts with each provider regardless of its relationship with the CSB.

WAIVER INFORMATION¹

Service	Covered Services	Excluded Services	Pre-Screening and Authorization	Billing	Current Rates	
					NOVA	ROS
Skilled Nursing	Services of licensed nurses- RN and LPN- provided for individuals with serious medical conditions and complex health care needs that require specific skilled nursing services that cannot be provided by non- nursing personnel. May be provided in the home, or other community setting on a regularly scheduled or intermittent need basis. To include consultation and training for other providers of services.	Medical care needs that can be accessed under the State Plan for Medical Assistance. May not be provided by the parents of the individuals who are minors, the individuals spouse or individuals foster care provider.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at DMHMRSAS. Medical care needs must require specific skilled nursing services ordered by a Physician.	Reimbursement is made for the number of hours the recipient received skilled nursing services.	<u>RN</u> : \$31.50/hour <u>LPN</u> : \$27.30/hour	<u>RN</u> : \$25.94/hour <u>LPN</u> : \$22.52/hour
Personal Care	Services of personal care aides who assist with the recipient's activities of daily living such as bathing, dressing, transferring, ambulating and meal preparation. Can be agency-directed or consumer-directed.	<ul style="list-style-type: none"> • Transportation services. • Skilled services requiring professional skills or invasive therapies. • Services provided to other members of the household 	Pre-Screening completed by a Preadmission Screening Team. Preauthorization contractor.	Reimbursement is made for the number of hours that the personal care aide rendered for the recipient.	<u>Agency-directed</u> : \$14.05/hour <u>Consumer-directed</u> : \$10.61/hour	<u>Agency-directed</u> : \$11.93/hour <u>Consumer-directed</u> : \$8.19/hour
Respite Care	Reimbursement for personal care aides or LPNS' who perform respite care and skilled respite care and other activities.. Differs from Personal Care in that the goal is for the relief of the caregiver. Services are limited to 720 hours per calendar year. Can be agency directed, consumer directed and or a combination of each.	<ul style="list-style-type: none"> • Transportation services. • Skilled services requiring professional skills or invasive therapies. • Services provided to other members of the household Recipient must live in the same household as the individual.	Pre-Screening completed by a Preadmission Screening Team. Preauthorization contractor began in 2001.	Reimbursement is made for the number of hours the recipient received respite care.	<u>Agency-directed</u> : \$14.05/hour <u>Consumer-directed</u> : \$10.61/hour	<u>Agency-directed</u> : \$11.93/hour <u>Consumer-directed</u> : \$8.19/hour
Companion Care	Provision of non medical care, socialization or support to an adult(18YO or older). Assistance with meals preparation, community access and activities, laundry, shopping and light housekeeping.	Limit of 8 hours per 24 hour day. Skilled services requiring professional skills or invasive therapies. Services provided to other members in the same household.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at the local CSBs.	Reimbursement is made for the number of hours the recipient received companion care.	<u>Agency-directed</u> : \$14.05/hour <u>Consumer-directed</u> : \$10.61/hour	<u>Agency-directed</u> : \$11.93/hour <u>Consumer-directed</u> : \$8.19/hour
Personal Emergency Response System (PERS)	An electronic device that enables certain recipients at high risk of institutionalization to secure help in an emergency through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the recipient's home telephone line.	A recipient cannot receive supervision hours on the plan of care.	Pre-Screening completed by a Preadmission Screening Team. Preauthorization began in 2002.	Reimbursements for a one-time installation and a monthly monitoring fee.	<u>Installation</u> : \$59.21/hour <u>Monthly Monitoring</u> : \$35.40/hour	<u>Installation</u> : \$50.18/hour <u>Monthly Monitoring</u> : \$30.00/hour
PERS Medication Monitoring	An electronic device that enables certain recipients at high risk of institutionalization to be reminded to take their medications at the correct dosages and times.	A recipient cannot receive supervision hours on the plan of care.	Pre-Screening completed by a Pre-admission Screening Team. A recipient must have the PERS unit to qualify.	Reimbursements for a one-time installation, a monthly monitoring fee, and a nurse to fill the unit with medication.	<u>Installation</u> : \$88.50/hour <u>Monthly Monitoring</u> : \$59.00/hour <u>RN Services</u> : \$15.00/hour <u>LPN Services</u> : \$13.00/hour	<u>Installation</u> : \$75.00/hour <u>Monthly Monitoring</u> : \$50.00/hour <u>RN Services</u> : \$12.25/hour <u>LPN Services</u> : \$10.25/hour

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Consumer-Directed Services Facilitation	Responsible for monitoring the ongoing provision of all Consumer Directed services.	A recipient with a severe cognitive impairment, as defined by DMAS, must have a primary caregiver manage his/her care and employee.	Pre-Screening completed by a Preadmission Screening Team.	Services Facilitation is billed using procedure codes to indicate the type of service provided.	<u>Comprehensive Visit:</u> \$219.45 \$169.05 <u>Routine Visit:</u> \$68.25 \$52.50 <u>Reassessment Visit:</u> \$110.25 \$84.00 <u>Consumer Training:</u> \$218.40 \$168.00 <u>Management Training:</u> \$27.30 \$21.00 <u>Criminal Record Check:</u> \$15.00 each <u>CPS Registry:</u> \$5.00 each
Crisis Stabilization	Direct intervention to strengthen the current living situation and assist individuals to remain living in the community. Services may include neuro-psychiatric, psychiatric, psychological, and other functional assessments and stabilization techniques.	May only occur after an initial face to face assessment by a qualified MR professional. Extensions beyond the allowable 15 days must be prior authorized and only following a documented face to face reassessment by a qualified MR professional.	Must be in the MR Waiver to access service. Must have a face to face assessment prior to services. Preauthorization required and performed by the PA contractor.	Billing is for one hour in 15 day increments but not to exceed 60 days in a calendar year.	<u>Intervention:</u> \$85.05
Crisis Supervision	Crisis Supervision may be provided as a component of Crisis Stabilization services only if clinical or behavioral interventions allowed under this service are also provided during the authorized period. Crisis Supervision must be provided one-to-one and face-to-face with the individual. It may be provided by the same provider of Crisis Stabilization Clinical or Behavioral services or a different provider.	Must be one to one and face to face by a qualified MR professional. Not for continuous long term care. Room and board are not a component of this service.	Must be in the MR Waiver to access service. Must have a face to face assessment prior to services. Preauthorization required and performed by the local Community Service Board.	Billing is hourly service units.	<u>Supervision:</u> \$23.10
Supported Employment	Supported Employment means work in settings in which persons without disabilities are typically employed. It is especially designed for individuals with developmental disabilities facing severe impediments to employment due to the nature and complexity of their disabilities, irrespective of age or vocational potential. This service may be authorized as individual placement, or enclave.	Service in combination with prevocational and day support services is limited to 780 units per plan year.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at the local Community Service Boards.	Billing is for the number of hours for services rendered.	<u>Individual Placement:</u> \$16.80 <u>Enclave/Work Crew:</u> \$34.13
Pre-Vocational Services	Services to prepare and individual for unpaid/paid employment, but are not job task oriented. Provided for individuals who are not expected to join the general work force without support or participation in the transitional/ sheltered year of beginning of waiver services. May be center or non center based care.	Service in combination with Supported Employment and Day Support services is limited to 780 units per plan year.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at the local Community Service Boards.	Billing is for the number of units for services rendered.	<u>Regular Intensity:</u> \$25.19 <u>High Intensity:</u> \$35.86

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Therapeutic Consultation	Therapeutic Consultation provides expertise, training, and technical assistance in specific specialty areas to assist family members, caregivers, and other service providers in supporting the individual.	Can not be billed solely for the purpose of monitoring.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at the local Community Service Boards.	Billing is per hours for services rendered.	\$52.50/hour
In-Home Residential Support	Residential support services -training and assistance or specialized supervision provided primarily in the individual's home or a DMHMRSA licensed home or approved residence considered to be his home, to enable the individual to maintain health, developed skills in activities or daily living and safety in the use of community resources and adapting their behavior to community and home environments.	Can't be used to provide respite for family members.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at the local Community Service Boards.	Billing is per hours for services rendered.	<u>Individual</u> \$18.90 <u>Congregate</u> : \$13.45
Day Support	Day Support services include training, assistance or specialized supervision for the acquisition, retention or improvement in self-help, socialization and adaptive skills. It allows peer interactions and an opportunity for community and social integration. Specialized supervision provides staff presence for ongoing or intermittent intervention to ensure an individual's health and safety. This service may be authorized at regular intensity or high intensity, either center based or non-center based.	Can not be performed in an individuals home or residential setting without written approval. Transportation can not exceed 25% of the total hours billed per day.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at the local Community Service Boards.	Billing is per unit for services rendered.	Regular Intensity, Center-Based \$25.19 Regular Intensity, Non-Center-Based \$25.19 High Intensity, Center-Based \$35.86 High Intensity, Non-Center-Based \$35.86
Environmental Modifications	Reimbursement for physical adaptations to a house, or place of residence, vehicle used by the individual and the work place when it provides for direct medical or remedial benefit.	Only pertains to the physical structure of the residence. Must receive one other waiver service in addition to Case Management. Maximum limit of \$5000.00 per plan year. Cannot be carried over from plan to plan.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at the local Community Service Boards.	Billing is for one unit and for the preauthorized determination	Limited to \$5,000 per calendar year per individual.
Assistive Technology	Assistive Technology is specialized medical equipment, and supplies, devices, controls, and appliances, not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live, or which are necessary to their proper functioning. Assistive technology devices are expected to be portable.	Must receive one other waiver service and may be provided in a residential or non residential setting. Maximum limitation is \$5000.00 per plan year and can not be carried over from plan to plan year. Can't be used for the convenience of the caregiver or as a restraint.	Must be in the MR Waiver in order to access services. Authorization is provided by the prior authorization consultants at the local Community Service Boards.	Billing is for one unit and for the preauthorized determination	Limited to \$5,000 per calendar year per individual.

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RECIPIENT AND PAYMENT DATA²

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Skilled Nursing										
Number of Recipients	20	18	17	23	33	46	56	61	65	77
Payments	\$23,201	\$546,183	\$554,117	\$604,289	\$898,243	\$1,287,707	\$1,468,231	\$1,992,153	\$1,859,943	\$2,506,712
Cost per Recipient	\$1,160	\$30,344	\$32,595	\$26,273	\$27,219	\$27,994	\$26,218	\$32,658	\$28,615	\$32,555
Agency-Directed Personal Care										
Number of Recipients	62	75	99	93	148	138	135	335	328	374
Payments	\$155,882	\$787,585	\$1,197,570	\$1,585,636	\$2,176,033	\$2,516,047	\$2,562,892	\$5,213,397	\$4,800,678	\$6,086,549
Cost per Recipient	\$2,514	\$10,501	\$12,097	\$17,050	\$14,703	\$18,232	\$18,984	\$15,562	\$14,636	\$16,274
Consumer-Directed Personal Care										
Number of Recipients								170	290	426
Payments								\$1,641,493	\$3,130,857	\$5,513,046
Cost per Recipient								\$9,656	\$10,796	\$12,941
Agency-Directed Respite Care										
Number of Recipients	96	126	139	166	315	402	494	505	480	527
Payments	\$35,575	\$257,990	\$309,732	\$391,948	\$711,088	\$1,090,919	\$1,470,658	\$1,633,482	\$1,533,353	\$1,690,212
Cost per Recipient	\$371	\$2,048	\$2,228	\$2,361	\$2,257	\$2,714	\$2,977	\$3,235	\$3,194	\$3,207
Consumer-Directed Respite Care										
Number of Recipients								205	470	580
Payments								\$619,192	\$1,308,643	\$2,042,186
Cost per Recipient								\$3,020	\$2,784	\$3,521
Agency-Directed Companion Care										
Number of Recipients								34	10	28
Payments								\$9,651	\$40,627	\$131,377
Cost per Recipient								\$284	\$4,063	\$4,692
Consumer-Directed Companion Care										
Number of Recipients								34	75	104
Payments								\$180,408	\$367,581	\$769,263
Cost per Recipient								\$5,306	\$4,901	\$7,397
PERS										
Number of Recipients								5	8	16
Payments								\$465	\$2,030	\$4,290
Cost per Recipient								\$93	\$254	\$268
PERS Medication Monitoring³										
Number of Recipients								1	1	N/A
Payments								\$150	\$50	\$530
Cost per Recipient								\$150	\$50	N/A
CD Services Facilitation										
Number of Recipients								364	594	751
Payments								\$121,031	\$137,202	\$177,005
Cost per Recipient								\$333	\$231	\$236
Crisis Stabilization										
Number of Recipients							22	23	13	33
Payments							\$48,195	\$176,563	\$19,922	\$75,053
Cost per Recipient							\$2,191	\$7,677	\$1,532	\$2,274

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RECIPIENT AND PAYMENT DATA, CONT.

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Crisis Supervision										
Number of Recipients									22	25
Payments									\$56,082	\$147,460
Cost per Recipient									\$2,549	\$5,898
Supported Employment										
Number of Recipients	69	78	114	181	286	310	325	368	421	499
Payments	\$672,734	\$839,936	\$912,787	\$1,902,965	\$2,652,846	\$3,248,860	\$3,313,252	\$3,399,673	\$3,713,073	\$4,560,250
Cost per Recipient	\$9,750	\$10,768	\$8,007	\$10,514	\$9,276	\$10,480	\$10,195	\$9,238	\$8,820	\$9,139
Pre-Vocational Services³										
Number of Recipients								2,421	512	N/A
Payments								\$2,296,263	\$9,178,123	\$7,244,268
Cost per Recipient								\$948	\$17,926	N/A
Therapeutic Consultation										
Number of Recipients	252	212	195	284	331	324	403	490	447	471
Payments	\$114,245	\$111,318	\$106,017	\$163,703	\$202,475	\$224,545	\$294,700	\$296,530	\$256,168	\$297,450
Cost per Recipient	\$453	\$525	\$544	\$576	\$612	\$693	\$731	\$605	\$573	\$632
In-Home Residential Support										
Number of Recipients								1,026	1,083	1,214
Payments								\$18,067,986	\$18,240,946	\$23,459,522
Cost per Recipient								\$17,610	\$16,843	\$19,324
Congregate Residential Support										
Number of Recipients	1,143	1,567	1,868	2,160	2,831	3,243	3,609	2,917	3,113	3,420
Payments	\$39,463,565	\$52,461,475	\$63,440,489	\$75,902,806	\$94,427,825	\$118,366,860	\$141,828,659	\$143,330,158	\$138,996,483	\$172,930,670
Cost per Recipient	\$34,526	\$33,479	\$33,962	\$35,140	\$33,355	\$36,499	\$39,299	\$49,136	\$44,650	\$50,565
Day Support³										
Number of Recipients	909	1,041	2,393	2,850	3,489	3,662	3,876	4,300	3,918	N/A
Payments	\$9,459,513	\$12,344,883	\$20,365,244	\$32,815,177	\$37,982,695	\$42,806,209	\$46,545,401	\$45,408,544	\$43,222,184	\$51,979,975
Cost per Recipient	\$10,407	\$11,859	\$8,510	\$11,514	\$10,886	\$11,689	\$12,009	\$10,560	\$11,032	N/A
Environmental Modifications										
Number of Recipients	15	11	23	15	36	40	59	45	71	129
Payments	\$64,134	\$26,132	\$63,297	\$41,141	\$110,466	\$121,579	\$178,187	\$150,481	\$222,182	\$467,840
Cost per Recipient	\$4,276	\$2,376	\$2,752	\$2,743	\$3,069	\$3,039	\$3,020	\$3,344	\$3,129	\$3,627
Assistive Technology										
Number of Recipients	28	32	18	16	43	30	53	58	83	162
Payments	\$147,050	\$32,676	\$17,469	\$17,922	\$60,150	\$37,398	\$64,222	\$67,106	\$143,855	\$270,966
Cost per Recipient	\$5,252	\$1,021	\$971	\$1,120	\$1,399	\$1,247	\$1,212	\$1,157	\$1,733	\$1,673
TOTAL SERVICES										
Number of Recipients	1,598	1,768	3,172	3,640	4,698	5,056	5,367	5,496	5,622	6,421
Payments	\$50,135,899	\$67,408,178	\$86,966,722	\$113,425,587	\$139,221,821	\$169,700,124	\$197,774,397	\$224,604,726	\$227,173,900	\$280,354,624
Cost per Recipient	\$31,374	\$38,127	\$27,417	\$31,161	\$29,634	\$33,564	\$36,850	\$40,867	\$40,408	\$43,662

File: MR-WVR-05.xls
Date: January 12, 2005
Originator: Jeff Beard

Notes:

- (1) MR Waiver Services Manual.
- (2) Recipient and expenditures data sources include the CMS 372 Report series "Annual Report on Home and Community-Based Waivers", the DMAS CD Payroll database, and claims summary information from off-line payments.
- (3) Reliable unduplicated counts of recipients for this service are not available for FY 2005..